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CONFIRMATION NO. 4446

SERIAL NUMBER 09/670,346	FILING OR 371(c) DATE 09/27/2000 RULE	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. 30899/40642	
APPLICANTS Robert Lamb, Midlothian, VA, Deceased; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 11/02/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY VA	SHEETS DRAWING	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 5
ADDRESS 04743					
TITLE VITAMIN E PHOSPHATE/PHOSPHATIDYLCHOLINE LIPOSOMES TO PROTECT FROM OR AMELIORATE CELL DAMAGE					
FILING FEE RECEIVED 689	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		